2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000186441

Entity Name: DISNEY VACATIONS, LLC

Current Principal Place of Business:

1375 BUENA VISTA DR 4TH FLOOR N LAKE BUENA VISTA, FL 32830

Current Mailing Address:

500 S BUENA VISTA ST BURBANK. CA 91521-0105 US

FEI Number: NOT APPLICABLE Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Apr 25, 2021

Secretary of State

1263907547CC

Authorized Person(s) Detail:

Title AUTHORIZED MEMBER Title SECRETARY

NameTHE CELEBRATION COMPANYNameGAVAZZI, CHAKIRA HAddress700 CELEBRATION AVEAddress500 S BUENA VISTA STCity-State-Zip:CELEBRATION FL 31747City-State-Zip:BURBANK CA 91521-0105

Title ASST. SECRETARY Title **TREASURER** Name SOLOMON, AARON H GOMEZ, CARLOS A Name Address 1170 CELEBRATION BLVD Address 500 S BUENA VISTA ST City-State-Zip: CELEBRATION FL 34747 BURBANK CA 91521-0105 City-State-Zip:

Title ASST. TREASURER Title ASST. TREASURER Name BELZER, GREGORY Name GROSSMAN, DANIEL F Address 500 S BUENA VISTA ST 1375 BUENA VISTA DR 4TH FLOOR N Address City-State-Zip: BURBANK CA 91521-0105 City-State-Zip: LAKE BUENA VISTA FL 32830

Title VP Title VP

Name VAN LANGEVELD, JEFFREY C Name STOWELL, JOHN A

Address 1375 BUENA VISTA DR 4TH FLOOR N Address 611 NORTH BRAND BLVD
City-State-Zip: LAKE BUENA VISTA FL 32830 City-State-Zip: GLENDALE CA 91203

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHAKIRA H GAVAZZI

SECRETARY

04/25/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

TitleASST. SECRETARYTitleASST. SECRETARYNameYOUNG, LEE RNameSALAMA, MICHAEL

Address 1375 BUENA VISTA DR 4TH FLOOR N Address 500 S BUENA VISTA ST

City-State-Zip: LAKE BUENA VISTA FL 32830 City-State-Zip: BURBANK CA 91521-0105

Title ASST. SECRETARY Title VP

Name STEED, SHANNA L Name DIERCKSEN, WILLIAM

Address 500 S BUENA VISTA ST Address 210 CELEBRATION PLACE

4TH FLOOR

City-State-Zip: BURBANK CA 91521-0105 City-State-Zip: CELEBRATION FL 34747